

# CREDIT APPLICATION

Business Name \_\_\_\_\_  
Address \_\_\_\_\_ Zip \_\_\_\_\_  
Billing Address (if different) \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Contact \_\_\_\_\_ Purchase Order Required? \_\_\_\_\_  
( ) Taxable Tax Exempt Number \_\_\_\_\_  
Year Formed \_\_\_\_\_ Type of Business \_\_\_\_\_  
( ) Individual ( ) Partnership ( ) Corporation

## NAMES OF OFFICERS/PRINCIPAL, PARTNERS/OWNERS

Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Name \_\_\_\_\_ Title \_\_\_\_\_ SS# \_\_\_\_\_  
Address \_\_\_\_\_ Phone ( ) \_\_\_\_\_

## BANK REFERENCE

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Contact \_\_\_\_\_ Account # \_\_\_\_\_

## TRADE REFERENCES

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_  
Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact \_\_\_\_\_

## INSURANCE

Agent \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Policy No. \_\_\_\_\_  
Permission To Be Named Additional Insured & Loss Payee Yes ( ) No ( )  
Person verifying coverage \_\_\_\_\_ Date \_\_\_\_\_

I certify that I am authorized to sign this credit application on behalf of debtor, and I authorize CONTRACT LEASING CORP. or its assigns, to whom this application is made, or their agents, to investigate our credit worthiness and hereby authorize the references herein named to provide all information requested by creditor. Upon approval of credit, it is agreed that all payments will be made in accordance with Contract Leasing's selling terms. Any invoice or portion thereof past due after 30 days shall accrue a finance charge of 1-1/2% per month or the maximum allowable rate on the past due amount. The purchaser agrees to pay all collection costs including reasonable attorney's fees, if account is turned over to an attorney or collection agency. We further acknowledge the right of Contract Leasing Corp. to suspend credit at any time.

I (we) have read and agree to the terms set forth above.

\_\_\_\_\_  
Name (Print) Title \_\_\_\_\_ Signature  
Date